



Docket No. 0575/55873-C/JPW/AJM/JCS

JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ann Marie Schmidt, et al.
 Serial No. : 10/666,513 Examiner: G. Ench
 Filed : September 19, 2003 Group Art Unit: 1646
 For : Extracellular Novel RAGE Binding Protein (EN-RAGE) and
Uses Thereof

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: October 11, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

- X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- _____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	2 -	* 8 =	*** 0 X	\$25	\$50	=	0
Independent Claims	2 -	** 8 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

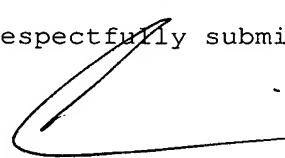
One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
 A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for ____ Month(s) Extension of Time
 Other (identify): _____

THE TOTAL FEE DUE IS \$ 0.00.

A check in the amount of \$ _____ is enclosed.
 Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

10/16/03
Alan J. Morrison Date
Reg. No. 37,399